

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023766

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 098 Primary Registration District No. 5367 Registrar's No. 65

FILED JUL 2 1963

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Monroe Twp.		c. CITY OR TOWN Rural Monroe Twp.	
Length of stay in 1b 1 Year		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 Mi. South Gallatin		d. STREET ADDRESS (If outside, give location) 5 Mi. South Gallatin	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Max Middle Allen Last Stuebinger		4. DATE OF DEATH Month June Day 13 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-31-1919
9. AGE (last birthday) 44		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oil & Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Tractor Factory Kewanee, Illinois	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Clarence Stuebinger		13b. MOTHER'S MAIDEN NAME Minnie Pollock	
14. NAME OF HUSBAND OR WIFE Dorothy Stuebinger		Address Rt. 1 Gallatin, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) Yes WW 2		16. SOCIAL SECURITY NO. 53	
17. INFORMANT Dorothy Stuebinger		Address Rt. 1 Gallatin, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion due to hypertensive DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH Instantaneous Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from D. O. A. 2:30 A. to and last saw her alive on never Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Edward Owen MD	
22b. ADDRESS Gallatin, Missouri		22c. DATE SIGNED 6/25/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-15-1963	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	23d. LOCATION (City, town, or county) (State) Gallatin, Missouri
24. FUNERAL DIRECTOR Hope Funeral Home, Gallatin, Mo.		25. DATE RECD. BY LOCAL REG. 6-28-1963	
26. REGISTRAR'S SIGNATURE V. Engelhart			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Permit Renewal 28 June 1963 (25)
Permit # 432

JUL 3 1963

STATEMENT BY LICENSED EMBALMER

Coronary occlusion due to hypertensive
Hypertensive cardiovascular disease

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer. No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer

Licensed Embalmer No. 3302

P. O. Address Ballatin, Mo.

never

D. A. O.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed under supervision, the supervisor also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Instated as

Unknown

6/25/63